# ANNUAL BUSINESS RECYCLING AND WASTE REDUCTION REPORT

Refer to the *Montgomery County Business Recycling Regulation Handbook* for guidance on recycling and completing this Report.

Send completed Report to: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, MD 20850

**Business filing this Annual Report, provide:**

Business Name: _____

Mailing Address: _____

Phone Number: _____

Contact Person Name and Title: _____

Contact Person Email: _____  Business Website: _____

**What is your relationship to the business(es) for whom this Annual Report is being filed?**
(Check the box that corresponds to appropriate description.)

☐  I'm filing for my business at the above address only.

☐  I'm a **Property Manager** filing for one or more tenant(s) leasing property at a single site.
*If address of the building occupied by your tenant(s) is different from the address provided above, provide address of building occupied by your tenant(s) covered by this Report:* _____

☐  Business **Headquarters** filing for multiple business locations in the County.
*Provide the address of each location that is covered under this report.*

☐  I'm a **Collector** filing for my customer. (NOTE: One Annual Report per customer)
*Provide the business name, address, contact name and phone number of the customer whom this report covers.*

☐  Other. Explain relationship:

**LIST BUSINESS(ES) COVERED BY THIS ANNUAL REPORT, IF APPLICABLE.**

| BUSINESS NAME & ON-SITE CONTACT PERSON | PHONE NUMBER and ADDRESS | EMPLOYEE NUMBER | SQUARE FEET |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Attach a separate page for additional business(es).)

If Government Agency, check applicable:  County ☐   State ☐   Federal ☐   Other _____

**Total number of employees covered by this Report:** _____ (Employee means person working 20 or more hours per week for more than 6 months in a calendar year.)

**Total square feet of building space covered by this Report:** _____ **Square Feet**

**Total acreage of green area (landscaped and grassy area) covered by this Report, if applicable:** _____ **Acres**

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### FOR DSWS USE ONLY — DO NOT WRITE BELOW THIS LINE

**DIVISION OF SOLID WASTE SERVICES APPROVAL BY:**          **Date:**

**EXEMPTION STATUS:**                          **CURRENT RECYCLING RATE:**

**PREVIOUS RECYCLING RATES:**

# ANNUAL REPORT FOR PREVIOUS CALENDAR YEAR          PROVIDE YEAR: _____

| MATERIAL (Circle type where applicable) | QUANTITY COLLECTED IN PREVIOUS CALENDAR YEAR --Report in Pounds/Yr. (Refer to Volume-Weight Conversion Chart in your Handbook if needed) | Number and Size of central collection containers and number of pick-ups per month, if different from previous submission | Name and Phone Number of company hauling/handling materials | WASTE REDUCTION PROGRAM (Check if applicable & attach separate page to describe) | Check Box if Exemption Request Form is required ** |
|---|---|---|---|---|---|
| **REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED** | | | | | |
| MIXED PAPER: | Pounds/Yr. | | | | ☐ |
| WHITE OFFICE PAPER | Pounds/Yr. | | | | ☐ |
| CORRUGATED CARDBOARD | Pounds/Yr. | | | | ☐ |
| NEWSPAPER | Pounds/Yr. | | | | ☐ |
| COMMINGLED MATERIALS | Pounds/Yr. | | | | ☐ |
| ALUMINUM CANS | Pounds/Yr. | | | | ☐ |
| STEEL/TIN CANS | Pounds/Yr. | | | | ☐ |
| PLASTIC BOTTLES (NARROW-NECK) | Pounds/Yr. | | | | ☐ |
| GLASS BOTTLES & JARS | Pounds/Yr. | | | | ☐ |
| YARD TRIM Leaves Grass Brush | Pounds/Yr. | | | | ☐ |
| CHRISTMAS TREES | Pounds/Yr. | | | | ☐ |
| SCRAP METAL | Pounds/Yr. | | | | ☐ |
| **VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR SOURCE REDUCTION** (Attach list of other materials as needed) | | | | | |
| MATERIAL: | | | | | N/A |
| MATERIAL: | | | | | N/A |
| **SOLID WASTE FOR DISPOSAL ONLY — BELOW THIS LINE** | | | | | |
| SOLID WASTE FOR DISPOSAL (Trash) | Pounds/Yr. | | | | N/A |

* List Container Types.

** DSWS will contact you to schedule a site inspection and provide you an Exemption Request Form.

_____     _____     _____
Signature of Person Completing Form          Date          Print Name of Signatory and Company Name

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling Regulation 15-04AM, which requires recycling and reporting by my business, and confirm that the above program will be implemented in accordance with the applicable schedule.

_____     _____     _____
Signature of Responsible Corporate Officer          Date          Print Name of Signatory

*Montgomery County SORRT Program*

101 Monroe Street ▪ 6th floor ▪ Rockville, MD ▪ 20850 ▪ (240) 777-6400 ▪ www.montgomerycountymd.gov/recycling

# WASTE REDUCTION/REUSE AND EDUCATION REQUIREMENTS
## *TO BE INCLUDED WITH BUSINESS RECYCLING ANNUAL REPORT*

**Describe the progress in waste reduction and reuse efforts that have been undertaken by your business in an effort to reduce the amount of refuse generated.**

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**Describe your efforts to educate tenants (if report is filed by a property manager) or employees about the recycling program in place.  Examples include, but are not limited to: newsletters, email reminders, training workshops, etc.**

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